

# **MALE CARE-LEAVERS' TRANSFER OF SOCIAL SKILLS FROM CARE INTO INDEPENDENT LIVING IN SOUTH AFRICA**

Fatima Ipeleng Mmusi<sup>a\*</sup>, Adrian. D. van Breda<sup>b</sup>

<sup>a</sup> North West University, School of Psychosocial Behavioural Science, North West University,  
11 Hoffman Street, Potchefstroom, 2531, South Africa, [Fatima.Mmusi@nwu.ac.za](mailto:Fatima.Mmusi@nwu.ac.za)

<sup>b</sup> University of Johannesburg, Department of Social Work, P. O. Box 524, Auckland Park,  
2006, South Africa, [adrian@vanbreda.org](mailto:adrian@vanbreda.org)

Accepted for publication in *Children and Youth Services Review*, 81, 350-357.

## **Abstract**

Residential child and youth care centres typically provide programmes to develop the social and life skills of the children in care, on the assumption that these skills will equip them for adult life. However, there is little research to show whether and how these skills are transferred from the child care setting to young adulthood. This qualitative study investigates how a sample of male care-leavers from Girls and Boys Town South Africa transferred these social skills into independent living. Qualitative, semi-structured interviews were conducted with ten young men who had left care 2-5 years previously. Content analysis of the data was conducted. Findings indicate that participants could recall the skills they had learned in care and reflect on how they have applied these skills in their adult lives. In many cases, skills that were lost or abandoned were later recovered during times of crisis; and many participants adapted the skills to be more applicable in their adult world contexts. Teaching social and life skills, using rigorous and structured methods, appears to be a useful intervention with long-term benefits to young people after leaving care. However, the flexible and context-specific use of these skills should also be emphasised.

**Key words:** South Africa. Care-leaving. Youth transitions. Independent living programme. Social skills. Out-of-home care.

## 1. Introduction

While placing young people in residential care is seen globally as a last resort, when no other options are available (Tweddle, 2005), the child and youth care centre (CYCC) environment creates unique opportunities for intervention. Among these is the opportunity to develop in adolescents the skills required for adult living after they leave care. These skills can prepare a young person to cope with the wide array of challenges that confront all young adults. In many ways, all good parents endeavour to prepare their children for adulthood, by teaching them to drive, helping them complete school and get a higher education, secure their first job, manage their finances and navigate the complexities of intimate relationships. For young people placed in the care of the state, this responsibility falls to the state as “corporate parent” (Courtney, 2009, p. 3).

For young people in care, this kind of preparation for leaving care, as well as services provided for care-leavers, i.e. those who have aged out of care, is particularly important, because research across many countries has shown the care-leaving process to be fraught with difficulty (Mendes, Johnson, & Moslehuddin, 2011). The structure of the CYCC contrasts greatly with the absence of structure and protection in the adult world. Care-leavers often transition back into the context of family and community deprivation from which they were originally removed, or find that there is no family or community to receive them. Earlier childhood traumas can be re-evoked during this time (Stein, 2008). Backe-Hansen (2008) points out that often, because of immaturity and lack of adequate support, care-leavers are likely to be overwhelmed by the transition, leaving them highly vulnerable. As a result, some of these young care-leavers get caught up in drugs, alcohol and crime (Höjer & Sjöblom, 2009). Because of these challenges, preparation for independent living is a particularly important focus area of child and youth care and social work practice with older children in residential care settings.

In South Africa, CYCCs are required to provide a developmental programme for independent living skills among young people preparing to leave care (RSA, 2010, section 75.1.a.ii). These are typically termed ‘independent living programmes’ (ILP) (Mamelani, 2015). Such programmes are intended to prepare a young person for the demands of adult life, such as how to compile a CV, open a bank account, manage time, cook and provide for oneself (Lemon, Hines, & Merdinger, 2005). Some studies have found that successful care-leavers rated themselves as highly prepared with these skills (e.g. educational planning, job seeking skills and money management), compared with less successful care-leavers (Pecora et al., 2003). However, systematic reviews of ILPs show only weak evidence of improved care-leaving outcomes (Donkoh, Underhill, & Montgomery, 2009; Yelick, 2017).

In addition to these independent living skills, however, young people also need a range of social skills for successful living after care (Van Breda, 2015). Social skills can be defined as “specific behaviours that an individual exhibits to perform competently on a social task (e.g. active listening skills, reciprocal communication, ignoring, etc.)” (Holosko, 2015, p. 261). A longitudinal study among a general sample of young people found that childhood social skills predicted the acquisition of social capital, which in turn predicted improved health and well-being outcomes in young adulthood (Pettit, Erath, Lansford, Dodge, & Bates, 2011). Refaeli, Benbenishty and Eliel-Gev (2013, p. 1602) refer to these social skills as “intangible skills”, for example the “capacity to resist peer pressure, manage interpersonal relationships, and maintain stable employment”. Their research among care-leavers shows that these are as important as the “tangible” skills typically addressed in ILPs for post-care outcomes. Much research on care-leaving suggests that care-leavers lack these intangible skills, even though they are argued to be vital for building social capital and transitioning successfully out of care (Propp, Ortega, & NewHeart, 2003).

These social skills are key to navigating the complex social systems that the adult world comprises (Holosko, 2015). However, there is relatively little research on independent living skills programmes (Batista-Calderbank, 2011; Donkoh et al., 2009), and even less on social or intangible skills (Propp et al., 2003). In particular, there are few investigations into the ways in which the specific social skills taught in care are applied in the world outside the CYCC. Skills that work in the CYCC may not work well outside. Van Breda, Marx and Kader (2012, p. 49), for example, report on how the social skills learned by care-leavers and that work in the CYCC, such as I-messages, catch people outside by surprise and even antagonise them.

In light of the above, we conducted a qualitative study with a sample of male care-leavers from Girls and Boys Town South Africa (GBTSA), a CYCC that until recently provided residential care only to boys (Mmusi, 2013). The study aimed to explore how these young men transferred the social skills they learned while in GBTSA's care into independent living a few years later. The study found that many of the social skills these care-leavers learned were applied in young adulthood, and participants cited various life contexts in which they used the skills to good effect, including work, education and intimate relationships. However, the data also suggest that care-leavers had some difficulties in transferring these skills into independent living, and this is the focus of the current article. This article aims to describe and explain some of the complexities care-leavers experience in transferring social skills from care to independent living. This leads to suggestions for strengthening child and youth care practice.

## **2. Transitioning through the care system**

Children in South Africa enter residential care when assessed by a social worker as being in need of care and protection and through an order of the Children's Court (RSA, 2005). Placement in a CYCC, such as GBTSA, can result from abandonment, abuse, neglect or the child's risk behaviour. The Children's Act (RSA, 2005) states that children should be placed

in care for a maximum of two years, but these placements are often prolonged – usually until the young person ages out of care at 18 years (Child Welfare Policy Brief, 2015).

Leaving the CYCC and entering adult life is a daunting and complex experience for many care-leavers. Stein (2008, p. 39) refers to this as a “compressed and accelerated” transition to adulthood. Many young care-leavers do not only leave care immature, but are also unable to secure stable employment, care for themselves, start a family, or create a home and maintain it. All of this can be overwhelming, leaving the young person disoriented and vulnerable. Young people exiting care are often not given enough opportunities or mechanisms to transition gradually into adulthood, or a safety net if they find themselves unable to cope with challenges associated with independent living (Stein, 2008). This rapid transition is likely to leave them feeling helpless, especially when they find it difficult to cope on their own and typically with no opportunity to return into the care system (Geenen & Powers, 2007). Van Breda et al. (2012) support the above argument by stating that the transition from residential care evokes feelings of uncertainty, thus proper preparation is needed for leaving care, without which the young person might relapse behaviourally and emotionally. A well-planned disengagement process can be of much help in building resilience and preparing the young person for life after care.

ILPs are key to this preparation. Foster and Gifford (2004) define ILPs as those interventions aimed at actively engaging young people in activities to acquire the skills to help them adjust positively into adult life. Mendes et al. (2011) state that, the most important aim for ILPs is to equip individuals with knowledge that will enable them to interact with themselves, others and their social environment in a healthy manner. The ILPs need to focus beyond care, ensuring that young people are able to transfer the skills gained into life after care. Thus assessment, on-going support and gradual learning of practical, emotional and interpersonal skills in a stable context are necessary (Fauth, Hart, & Payne, 2012).

Research on care-leaving in South Africa is still emerging, and has focused mainly on the experiences of leaving care (Mamelani, 2015; Meyer, 2008; Oelofsen, 2015; Van Breda, 2015). These studies find that leaving care results in vulnerabilities similar to those faced by care-leavers in other countries (Dixon, 2008; Sulimani-Aidan, Benbenishty, Dinisman, & Zeira, 2013). Meyer (2008), for example, highlights that care-leavers expressed feelings of loneliness, stigmatisation, lack of knowledge in various psychological and social areas, lack of skills for independent living, as well as fear of the unknown. Van Breda (2015) has highlighted the social processes that young people engage in, in relation to their social environment, to facilitate their transition towards young adulthood.

### **3. The GBTSA independent living programme**

The study reported here is located in the residential care programme of Girls and Boys Town South Africa (GBTSA), which is a national child and youth care organisation providing a range of residential and community-based services to vulnerable children and adolescents. The GBTSA residential care programme is based on a social learning, behavioural model, within the strengths perspective and with a strong emphasis on evaluation (Davis & Daly, 2005). GBTSA developed a comprehensive skills model, comprising 183 social skills at basic, intermediate and advanced levels. These skills aim to address and respond to the life challenges experienced by young people, such as anger issues, aggression, refusing to adhere to authority, inability to make age-appropriate decisions, refusing to follow or accept educational structure, succumbing to peer pressure, family relationship problems, and experimenting with illegal substances (drugs). While in the care of GBTSA, a number of skills are selected from among the 183 skills to address the child's individual referral issues, and these are incorporated into the Individualised Development Plan (IDP). The social worker and youth care workers work intensively with each young person to develop the relevant skills s/he needs.

GBTSA believes that an improvement of social skills will enable youth to change their behaviours which, in turn, will improve their ability to function positively in everyday social interactions. When young people leave the care of GBTSA, it is with the assumption that their positive gains in social skills and pro-social behaviour will help them make a successful transition towards independent living. This assumption, however, has not been adequately researched. In particular, it has not been determined to what extent these in-care skills translate into life outside of care (Davis & Daly, 2005). This study thus aims to test the assumption that the social skills learned while in care, as part of the ILP, translate smoothly into independent living.

#### **4. Research methodology**

This study adopted a qualitative descriptive approach. The use of this design enabled the researchers to gain more understanding of how care-leavers transfer the social skills they had learned while in the care of GBTSA to their adult lives. According to Marshall and Rossman (2011, p. 91), in qualitative research, research participants' social settings are key to understanding their life experiences. This study was particularly interested in the participants' transfer of social skills from one environment (the CYCC, where the skills were learned) to another (independent living, where the skills were to be applied). Thus, it was the social contextualisation of the skills that was of particular significance, and for this reason, a qualitative approach was deemed most suitable.

The population was defined as all young people who were in the care of GBTSA's Magaliesburg campus for a period of at least two years and were disengaged from care at the age of 17-19 years, between two and five years previously. The population included only males since GBTSA accommodates primarily boys and the Magaliesburg campus accommodates only boys. Male care-leavers are a target of interest, since several care-leaving studies highlight



men as at greater risk than women of negative outcomes; for example, males evidence poorer education and employment outcomes (Pecora et al., 2003) and higher rates of criminal involvement than women (Courtney et al., 2011). The length of stay in care was stipulated to ensure that the young people had had sufficient time to learn the skills in their IDP, and the time out of care was to ensure sufficient time to apply the skills in independent living. The age of leaving is stipulated to target young people who move from care directly to independent living, rather than returning to the family home.

From this population, the researchers purposively selected ten young men that they, together with the GBTSA staff who had previously worked with them, judged to be in the best position to provide an accurate and reliable account of their transfer of social skills into young adulthood. This was done by taking into consideration articulateness and positive engagement with GBTSA while in care. In addition, the sample was to some degree an availability sample, as not all care-leavers who met the population definition could be traced. Data collection continued until saturation of themes was reached.

Of the ten participants interviewed, three were African, one coloured (mixed race), one Indian and five white. At the time of the study, their ages ranged from 20 to 24. Seven were admitted into the care of GBTSA at ages 14 or 15 years. Participants' highest level of education ranged from grade 10 to grade 12. Two indicated that at some point they were studying further at a college, however, later dropped out due to financial constraints. Most indicated that they were in some form of formal employment, with the majority employed within trade industries and one self-employed. Most reported to have been in more than one job over the past year. All participants were living in low-cost rented accommodation, such as a house or a room in someone's backyard. Two of the participants reported that at some stage since leaving care they found themselves in trouble with the law in connection with incidents such as drunk driving, taking drugs and fighting.

The researchers structured the core GBTSA social skills into a ‘skills wheel’ (Figure 1): the individual young person was placed at the centre of the wheel, surrounded by a set of referral issues or reasons that led them to be admitted into the care of GBTSA, e.g. anger or chemical dependence. Each referral issue was broken down into a set of behaviours displayed at the time of admission, e.g. anger was described in terms of bullying and verbal aggression, and each behaviour was linked to a relevant social skill. This ‘skills wheel’ provided a structure to deal with the large number of skills care-leavers could have learned while in care.

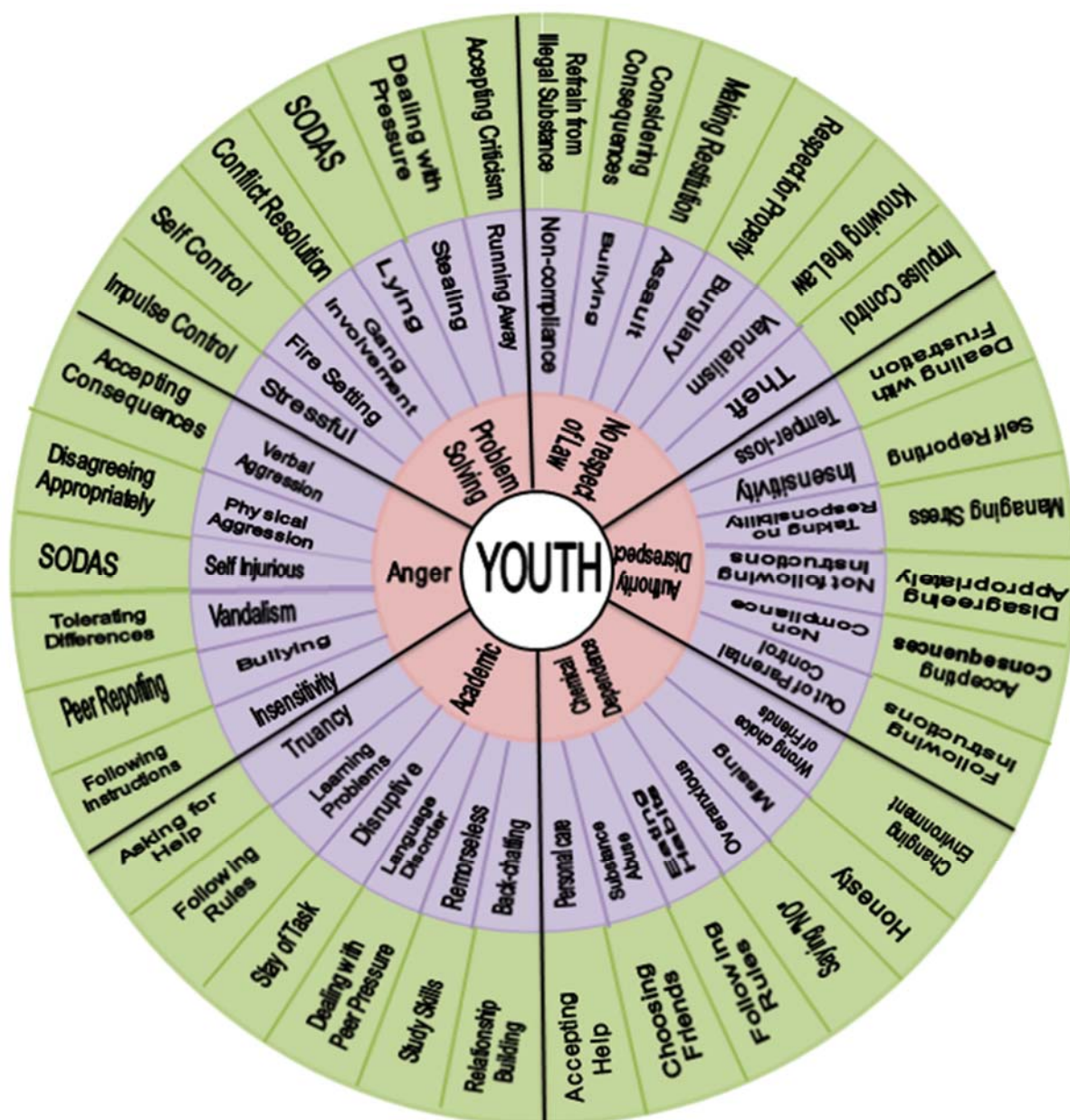


Fig. 1. Skills wheel

In a semi-structured, in-depth individual interview, participants were asked, with reference to the wheel, to identify and elaborate on the following:

1. Ten skills they remember learning while in the care of GBTSA.
2. The skill that they best remember learning while in the care and have used in their adult life.
3. The skill they remember learning while in the care, but have not used in their adult life.

They were further requested to describe their experiences of how they have used the skills since leaving care. The focus was on exploring how they have used the skills in their adult lives and to assess how beneficial they think these skills are to independent living. Lastly, based on their adult life experiences, they were asked to share their opinions on what they think could be done to make GBTSA's social skills programme a more interesting and useful experience. Interviews ranged from 35 to 50 minutes and were conducted in English by the first author. Information was audio recorded and transcribed for analysis.

The first author coded each transcript line by line, after which she created a chart compiling codes that carried similar meaning across interviews, with differences indicated with different coloured highlighters. It is this process that helped her generate the themes for the study. The first author's coding was verified against the transcripts by the second author, to ensure the robustness and trustworthiness of the coding (Lincoln & Guba, 1985).

Prior to the interviews, an information sheet was sent to each prospective participant, clearly explaining the study and its ethical issues. Participants were requested to sign the informed consent form only once they understood and were happy with the content on the information sheet. Participants were interviewed in an environment that they felt was conducive and allowed them to freely express their feelings. The transcripts were anonymised prior to analysis and participants' real names were replaced with pseudonyms. Ethical approval for the study was provided by the University of Johannesburg on 15 May 2012.

## 5. Findings

The findings presented here are drawn from the complete findings of this study, and are selected to address the central purpose of this article, viz. to investigate care-leavers' experiences on how the social skills learned in care transferred into independent living. Four themes are addressed. First, the extent to which participants could recall the skills they learned are discussed, since recall of the skills is a prerequisite for their ability to reflect on their application of those skills. Second, findings are presented regarding the skills that participants learned but have not applied, because this helps to identify what it is about these skills that made them inapplicable in life after care. Third, experiences of skills that were learned but abandoned, and subsequently recovered, are explored, as these suggest that leaving care with a 'toolbox' of skills may be important. And finally, the ways in which participants adapted the skills they recall learning to life outside of care are discussed, because this suggests the importance of contextual flexibility in skill utilisation.

### 5.1. Skills remembered by participants

Four of the ten participants could recall ten skills they learned in care, while two recalled five and the other four recalled only four. It seems that, while they could recall some skills learned, there was a fair amount of loss of memory of the skills. However, it may be that participants had internalised some skills to such an extent that they no longer thought of them as 'skills learned at GBTSA' and rather as their own ways of doing things.

For instance, some participants could recall the overall gist of the skills, but not the specific behaviour steps within each skill:

**Siyabonga:** *"I just can't remember the steps, but I do remember what the skill wants to teach me. Like I was never good in following instructions [one of the skills] when I*

*got to [GBTSA] you see ... and my youth care worker teaches me this skill over and over until I understand why I had to learn this skill of following instructions”.*

**Martin:** *“Resisting peer pressure, it was actually the first skill I learned. I remember it was when I was quite new in here”.*

**David:** *Self-control was one of my referral issues. My youth care worker...he had patience to teach me the self-control skill over and over until I really get to a point where it put sense into my head”.*

Some skills were frequently recalled by participants. For example, all ten participants recalled learning about dealing with peer pressure (GBTSA, 1999, p. 116):

This skill is about saying ‘no’ to people close to you in a polite manner. It is about making informed decisions; being firm and not allowing oneself to do anything that one does not feel comfortable doing. This skill emphasises the importance of an individual’s understanding of his or her boundaries. The skill will allow the opportunity to communicate one’s boundaries and principles to others in a manner that will avoid conflict.

Similarly, all ten participants recalled learning about following instructions (GBTSA, 1999, p. 54):

This skill involves paying attention to the person giving an instruction and the instruction itself. Looking at the person giving the instruction helps one read the person’s nonverbal communication. With the use of a pleasant voice, one clearly responds by saying ‘okay’, so that the person knows you understand and that you are willing to do what is expected of you.

Other commonly recalled skills included: self-acceptance, which was recalled by eight participants, taking responsibility for one’s own actions (seven participants), accepting the consequences of one’s choices and behaviours (seven participants), relationship building

(seven participants), self-control (six participants), honesty (five participants), and refraining from illegal substances (three participants).

## 5.2. Skills learned while in care but not used in adult life

Participants could recall several skills that they learned but, for a variety of reasons, have not applied in adult life. In only a few cases were the skills not utilised because the participants believed the skills to be useless or ineffective.

Lebogang, for example, identified being able to choose the right friend as a skill he learned while in care, but has not put into practice in his adult life. GBTSA (1999, p. 137) defines this skill as taking time to think about the qualities you would like to have in a friend. In so doing you match or compare characteristics that you esteem with those of the person you consider taking as a friend. Lebogang described this skill as requiring one to choose the right friends in order to change oneself and be a better person, and leave all negative friends because they are the ones who will pull you down. However, he perceived this skill to be superficial and believed that it only worked in GBTSA because you need to have good friends to move up the Peer Group System:

*“In the outside world I go to parties you know ... clubs, such places where I meet people and have fun. There I meet different types of people you know... Some smoke dope [marijuana], some do drugs. But at the end of the day, they are my bra’s [brothers]. To me it really doesn’t matter if they are negative or positive. Friends are friends. It’s up to me to decide if I wanna do what they do or not. So, for me, choosing right friends skill is really the one skill that I think it’s unnecessary in my life at this stage.”*

Lebogang’s explanation for his dismissal of this skill is based on context. He perceives the skill to have been useful in the care context, as it was required of him, and by selecting the ‘right’ friends, he could increase his status and privileges in GBTSA. He therefore applied

the skill to get ahead in care. However, in the context of life after care, he perceives friends as a source of friendship, not opportunity, and thus does not care if they are ‘right’ or not – they are merely his friends.

A few participants indicated that they were not using the skills, not because they felt they were useless or inappropriate, but because of personal challenges they experienced in applying the skills or because of being overwhelmed by the challenges of life. In such contexts, while they were aware of the skills, they could not implement them.

Martin, for example, identified self-control as a skill that he was battling to put into practice, even though he had a sound knowledge of how and when to apply the skill. According to GBTSA (1999, p. 225), self-control involves being in charge and aware of one’s feelings and emotions and being able to recognise and monitor your own feelings from time to time in order to respond appropriately to those feelings. Martin’s expression of his inability to apply the self-control skill is linked to experiences he had during his upbringing, which was characterised by chaos and on-going disappointments:

*“You see I have been through a lot of ups and downs in my upbringing. I did not know what it means to have a family. I have both my parents, but it was like they were never there. I developed an ‘I don’t care’ attitude towards life. Even in my adult life there has been many times where I have been out of control, aggression, stuff like that, fighting. Sometimes when I get to that state I don’t even think about anything, that why I say I really have not applied it [self-control], so I will just go, I will just lose it. Going into adult life is stressful, so sometimes things get you down, so ja [yes], that kind of affects me.”*

Others expressed that they were unable to apply skills learned when confronted by certain situations that were sudden and overwhelming. They could not respond thoughtfully

and purposefully to the unexpected nature of the context, and thus forgot to apply the skills.

Klass, for example, relates this experience:

*“Sometimes when an incident happens at the time and something happens just out of the blue, unexpectedly. The skill, you do have it on your mind, but at times things happen so quick you just don’t get to think, things just slip out of your mind and things just happened.”*

### **5.3. Skills learned, lost and recovered in adult life**

Some care-leavers reported that they did not think about the skills they learned after leaving care – they just abandoned them. But then, at some point, they experienced adversity or challenge, and in this context they recalled the skills and reinterpreted them as potentially useful. This led them to recover the skills and implement them to deal with current challenging social contexts.

Trevor, for example, identified asking for help as a skill that he has battled to apply in his adult life. He accurately remembers this skill as going to the next person, clearly stating what your problem is, and asking if the person will be able to help you. But he related that he did not continue to apply this skill after leaving care. Sometime later he was arrested, which he described as an experience that made him realise that he needed to handle things differently.

*“You see while in prison I felt like I lost myself ... I had no control over my life. Someone will tell me what to do, when to eat ... wake up and stuff like that ... I had to go through this for four months, but believe you me it felt like years. In the end, I realised that my attitude only created more problems for me than I could have ever thought. Now I have a criminal record against my name out of stupidity. Since that day I made a decision to apply asking for help skill whenever I have to deal with similar situation ever again.*



*This one experience I will always think about whenever I face trouble situation like this ... I will definitely think twice.”*

In a similar, but more domestic context, Chazlin relates how in his intimate relationships he abandoned the skill of honesty, which he recalled learning while in care. Honesty is defined as loyalty to others, the ability to convince others that you can be trusted by truthfully acknowledging responsibility for own behaviours without shifting blame (GBTSA, 1999, p.140). A painful relationship breakup with his girlfriend, resulting from his dishonesty, led him to re-evaluate his priorities and to recover this skill.

*“Back then [after disengaging from care] I had three girlfriends and managed to carry on like this for some time, but I didn’t realise that one day is one day... it will catch up with me. Things fell apart big time and the sad part of it, I lost the girlfriend I had for three years... That was painful! I couldn’t believe I did that to myself. Trying to fix things did not work, she left me, all she told me was she can’t trust me anymore. I still regret what I did... even now. But it was a lesson for me. I learned the importance of being honest, not only to the next person, but to myself too. I am honest with my current girlfriend and I don’t want to do things I did anymore.”*

In both Trevor’s and Chazlin’s narratives, their judgement about the usefulness of the skills, and therefore their willingness to implement them, was contingent on their social context. Both narratives suggest that crisis moments may sometimes be necessary for abandoned skills to be reclaimed.

#### **5.4. Adaptation of skills learned to adult life**

Most of participants emphasised that the world outside GBTSA is not the same as the world inside GBTSA. Consequently, what works inside, does not necessarily work outside. In

particular, in-care is described as a safe, structured and protective space, while the world outside is far less caring:

**Lebogang:** *“You see with [GBTSA] and here outside [larger society] is different. At [GBTSA] you can mess up how many times but you will always have someone to help you pull yourself up again. In the outside world people don’t care, they don’t take all your nonsense. Sometimes you mess up you pay straight away even harsher. So that’s for real.”*

**Kelvin:** *“You know when I was there in [GBTSA] I used to find myself in trouble, but the thing is there was always someone trying to understand my mess and help me correct my mistakes. They [staff] give you chance to learn from your mistakes. I guess I took things for granted ... thinking this is crazy. But now the real world taught me a very harsh lesson ... it’s like bang!!! It just hit me so hard. There wasn’t anyone there to say to me ‘Hey! Watch out!’ I was surrounded by people who wanted to get high [on drugs] as I did. No one could say, ‘Guys let’s think of where this is taking us’. We were a bad influence on each other, but we didn’t see that. We were all caught up in doing this drugs things, thinking it’s cool... you see.”*

**Martin:** *“You know the real life out here is like the survival of the fittest. You only get what you give, no one spoon-feed you and try to make sense or justify your behaviour. I think for me it’s another reason I sometimes find it difficult to apply my skills at times. People outside don’t understand how this skills thing works.”*

These participants express poignantly how different the context of care is from the context of adult life or independent living. These differences in context impact not only on the extent to which care-leavers feel support and protected, as reflected above, but also in how they utilise the skills they learned. Some participants verbalised that while they have clear understanding of how to apply the skills they learned in care, they do not necessarily apply

them in the way they were taught. These participants felt that they needed to figure out how best to apply the skills, depending on the context in which they found themselves. For example, Alex said:

*“For me what matters is the basics, I applied the skill the way it was taught while I was still in [GBTSA], but the outside world is different. It’s more about myself understanding what outcome I want to achieve and obviously I will apply the relevant skill without necessarily following all the steps as it was taught to me in [GBTSA].”*

Alex’s response suggests that he has internalised the skills, made them his own, and developed an ability to draw on and adapt them as resources to meet specific needs.

Thus, Chazlin reports that he regards the skills he has learned as a collection of tools that he can use in creative ways:

*“From my personal experience, it is often a combination of skills that I apply at once depending on a situation; it’s a combination, it all adds up. Ja [Yes], underneath there is so many other skills that go into make up for that. Accepting criticism is one of them, because the way you approach someone or the way you present yourself in the situation, will determine how it will come back to you. So for me a number of skills go together at most times depending on the circumstances obviously. So to be honest, I will be lying to you if I say I apply the skills the way I was taught. To me it’s all about being creative.”*

Chazlin’s comments suggest he felt he was supposed to be applying the skills as he was taught them while in care. He thus presents an argument for using the skills creatively, flexibly and in combination. In so doing, he foregrounds both the contexts in which he applies these skills and the outcomes he hopes to achieve through utilising the skills.

## 6. Discussion

Independent living skills programmes are an important part of the treatment programme provided by CYCCs (Donkoh et al., 2009). These programmes can incorporate a wide range of skills, with a particular focus on the practical skills required of adults (Mendes et al., 2011; Refaeli et al., 2013). This article, however, has focused on a range of *social* or *intangible* skills that were incorporated into each young person's IDP, with the aim of helping them address the specific behavioural problems that contributed to them coming into care. While the study generated plenty of evidence of care-leavers applying these skills in adult living, this article was particularly interested in understanding what was happening when care-leavers were not applying the skills or when they were applying them in ways that were different from what they were taught.

GBTSA has highly structured processes of teaching and implementing these skills, designed to ensure that the children in care can apply them correctly. However, this may make these skills inflexible and when applied rigidly may result in them failing. This is substantiated by van Breda et al. (2012), who argue that while teaching young people a social skill according to a set procedure is useful, it is also important that they internalise the skill so that it becomes part of who they are.

Much research on the process of leaving care has shown the transition out of care to be jarring for care-leavers and has reported on the loss of structure and protection as key losses and challenges for care-leavers (Oelofsen, 2015). This was further reflected on by some of the care-leavers who expressed the battle they experienced after leaving care. Some expressed that their disengagement from care felt like freedom for them to do anything they like, however, during this process they experienced many challenges, which include: alcohol and drug abuse, as well as engaging in activities that are likely to put them in trouble with the law. This lack of structure may jeopardise the young person's ability to apply a certain skill in dealing with life

obstacles (Sulimani-Aidan, 2014). Thus, the absence of a framework left them with little option but to take responsibility, create structure and choose what activities will fill their lives.

Some participants expressed that exiting care was also the end of a support structure for them and they had to face a life that some of them described as “the survival of the fittest”. The presence and perception of social support is of significance to help care-leavers cope with multiple stresses that come along while they are trying to make it on their own (Refaeli et al., 2013; Sulimani-Aidan et al., 2013).

Based on participants’ reflections on their interaction with different social settings outside care, it appears that there is a strong sense and underlying expression that, for skills to be meaningful and useful, there has to be an interrelationship between application of a skill and real-life context. This interrelationship can contribute to satisfy care-leavers’ interaction with their environment and enhance their ability to exercise control over events that affect their lives (Leme, Fernandes, Jovarini, Achkar & Del Prette, 2016).

While the experience of the care-leaving transition is well-recognised, the implications of this for the transfer of skills learned in care, particularly social skills, to life after care, is far less documented. Most participants in this study could remember and demonstrate sound knowledge regarding the skills learned while in the care of GBTSA. Findings, however, show that most care-leavers do not apply the skills in the same manner those skills were taught to them. Rather, the *rationale* for applying those skills is of significance to care-leavers, and they apply them in a flexible and creative ways to meet the demands of specific real-world situations. Thus, the value of this study is to shed light on a rather neglected but important topic.

The findings from this study suggest that the contexts in which social skills are learned and applied are an important consideration. Social skills are, fundamentally, *social*, and are

thus situated. The care context is clearly very different from the adult world, and this can impact on the value and utilisation of the skills after care.

It appears from this study that skills are not applied at all only in exceptional circumstances, such as when the care-leaver has made a conscious negative judgement of the skill as being undesirable or ineffective, or when there are psychosocial factors influencing their ability to implement a skill (such as poor self-esteem negatively impacting the ability to assert oneself). Other than these, life in the real world is experienced as happening very quickly, with little opportunity to think before responding, and as a result, skills are sometimes recognised as being indicated only after the fact, when it is too late. Young people's ability to develop concrete strategies and accurately delineate life changes is of importance and will, in turn, help them address the gap between their perceived and actual level of independent living (Melkman, Refaeli, Bibi, & Benbenishty, 2016).

This latter finding suggests the importance of the ability to slow down and reflect on one's situation and responses. While in care, particularly in the GBTSA programme, young people are given opportunity to reflect in situations. For example, when a youth care worker observes a child behaving negatively, she or he will immediately draw the child aside and engage in a reflective conversation that leads to the teaching and practising of an appropriate social skill. There is, in this process, considerable focus on reflective living. But in adult life, these opportunities are few and far between, and after care there is no youth care worker to assist one with this. The socialization processes care-leavers go through while in care clashes with those in their life after care (Sulimani-Aidan, 2014). The former is described as protected, structured and forgiving, while the latter is harsh, intolerant and unpredictable. As a result, care-leavers appear to find themselves reacting instinctively and not thoughtfully when under pressure.

This pattern of instinctual responding shifts, however, when a crisis emerges. Two examples were advanced in this article – being imprisoned and being dumped by one’s girlfriend – but there were many other similar examples in the data, such as Fourie, whose alcohol abuse led to a series of severe consequences that cumulated towards a crisis point where he recovered lost skills learned in care. It appears to be in these crisis moments, when instinctual responding proves to be inadequate, that care-leavers create space for reflection. And in these moments of reflection, they recover skills that could have helped them avoid the crisis. This finding aligns with posttraumatic growth literature, which emphasises the centrality of reflection and meaning-making as enablers of growth in the wake of crisis or trauma (Stagg, 2014).

It is possible, though this study did not explore it, that in these crisis-induced reflections, care-leavers follow the reflective processes that their youth care workers utilised with them while they were in care. If this were the case, it would appear that two levels of skills transfer are taking place – both the social skill itself and the process of reflection. The latter may be particularly salient in the transfer of skills from one context to another. Literature shows that awareness and reflection can be seen as good indicators for change, more so when they follow significant critical moments which often send a message for a need to change one’s life direction or attitudes, as well as how they make sense out of challenges they experience along the way (Riessman, 2008). In addition to the evidence presented previously, Fourie describes how his on-going alcohol abuse affected his judgements of situations, but being jailed and criminally charged for causing an accident while under the influence of alcohol led him to do introspection, after which he decided to do things differently. Similarly, Martin described his negative actions as ways of getting back at his mother for sending him away to GBTSA, but indicated that reflection helped him realise that his actions were to his disadvantage since in the end he is the one who has to deal with consequences of choices he makes. Pinkerton and

Rooney (2014) are of the opinion that encountering difficult challenges can be an eye opener to help care-leavers insightfully reflect, see life differently and utilise their skills to re-structure their lives.

Some participants, albeit only a couple, seemed to have taken the social skills to a new level of sophistication, by viewing them as building blocks or ingredients in a larger social project. They treated the skills flexibly, not feeling honour-bound to implement them according to GBTSA's strict guidelines. And they felt free to redesign and combine them in creative ways. Unfortunately, the data did not generate tangible specific examples of this. But the way in which Alex and Chazlin in particular talked about the skills, showed a high level of ownership. One can only wonder if this is a reflection of their own personality, or if their youth care worker encouraged a more flexible and creative engagement with the skills. Backe-Hansen (2008) points out that to understand how care-leavers negotiate their transition into adult life, it is of importance to understand their insightful reflections on different social influences and the impact these have on their lives. Thus care-leavers' transitions need to be seen as a gradual and yet flexible process informed by their level of maturity and their ability to apply skills they have acquired (Mendes et al., 2011). A number of recent studies conclude that dedication, commitment and support towards young people while in care is of significance and has the potential to enhance their capacity to become resilient, as they are able to reflect back on such experiences later in life (Höjer & Sjöblom, 2014; Sulimani-Aidan, et al., 2013). It is this support that will help sustain them and will, in turn, help them develop the ability to practice what they have learned in a different context and in a manner that is beneficial for their personal development (Höjer & Sjöblom, 2014).



## **7. Limitations**

Having only men in the sample means the findings cannot be generalised to women and it is possible that women may report different experiences of transferring social skills from care into young adulthood. In addition, using just one CYCC means we cannot disentangle the specific approach used by GBTSA to teach social skills from the skills themselves. The small sample size, together with the qualitative design, while appropriate to answer the research questions, means the findings cannot be generalised beyond the sample itself. Thus, these limitations suggest modesty in the claims made from this study, and the ways the findings are utilised in other contexts.

## **8. Future research**

Further studies need to include young woman in their sample to tease out the extent to which these findings are consistent across gender, and to identify aspects where women's and men's utilisation of skills differ. In addition, future studies should sample a larger and more diverse population, including CYCCs other than GBTSA. It is possible that care leavers in other parts of the country may experience transfer of social skills learned differently.

## **9. Practice recommendations**

The findings of this study have significant potential implications for child and youth care practice and for care-leaving services. Given the extent to which the care-leavers in this study utilised the social skills they learned in a wide range of contexts (family, work and community), it appears that teaching social skills to young people in care is a worthwhile and useful activity. The focus of independent living programmes should thus incorporate not only the practice skills of adult living, but also a range of social skills, particularly those directly relevant to the young person's specific life challenges.

It appears that even when care-leavers forget or even reject skills they have learned, these skills remain in the back of their mind, and are recovered when in a crisis. Thus these skills can be thought of a toolbox of skills. In the short-term, they may be infrequently or poorly used. But in the longer-term, particularly in the midst of a crisis, these may become a significant source of opportunity for a young adult. Thus the teaching of skills should be regarded with the long-term in mind, not only in the child's immediate context.

It is of significance that the educational practices utilised in teaching social skills to young people in care is well structured and systematic. This will in turn create opportunities where young people will have access to planned programmes that take into account practical, emotional and interpersonal skills responsive to young persons' circumstances (Mendes et al., 2011). Thus creating an atmosphere where cooperative learning can take place will in turn enhance young people's social, emotional and psychological functioning (Adelman & Taylor, 2015).

The opportunity to learn to live reflectively – to be able to step back from the rush of life and think about what is going on, to consider one's own behaviour, thoughts and feelings, to weigh up options, and to choose one's response – appears to be an important meta skill for care-leavers. Child and youth care workers can play an important role facilitating such reflective living, through engaging deeply in daily life events, as set out in the relational child and youth care approach (Garfat & Fulcher, 2012).

A key after-care intervention that could support care-leavers in living reflectively is the provision of a mentor (Spencer, Collins, Ward, & Smashnaya, 2010). Mentoring relationships could possibly be established a year or more prior to the young persons' disengagement from care. A mentor could play a significant role in better preparing the young person for life after care, and in particular giving some hope and assurance that there is a shoulder to cry on when situations get tough while trying to make it on their own. In addition, a mentor could create

reflective spaces for care-leavers to assess their context and their responses to their context, to transfer skills learning in care into young adulthood, and to engage more purposively with the world around them.

## 10. Conclusion

This study suggests that social skills learned while in care do translate into adult living. However, the change of context (from care to the adult world) often impinges negatively on the applicability of these skills. Care-leavers may forget or abandon the skills, or find that life happens too quickly for them to think about using a skill. Crises, however, create opportunity for reflection, and in these moments, the skills learned while in care appear to be recovered and utilised. Thus, social skills appear to be an important aspect of the GBTSA child and youth care programme, and may be important for all CYCC programmes. When taught systematically and in real-life contexts, they seem to take root in the young person's memory and provide that young person, when leaving care, with tools that can be an advantage in navigating the adult world.

**Compliance with ethical standards.** All procedures carried out in the study were in accordance with ethical standards set out by the University of Johannesburg, South Africa.

**Informed consent.** Prior to conducting the study, signed informed consent was obtained from all individuals who agreed to participate in the study.

**Conflict of interest.** The authors declare that they have no conflict of interest. The content of this research is solely the responsibility of the authors. This research did not receive any specific grant from funding agencies in the public, commercial or profit sector.

## References

- Adelman, H., & Taylor, L. (2015). *Conduct and behaviour problems: Intervention and resources for school aged youth*. Los Angeles, CA: The Center for Mental Health in Schools at UCLA.
- Backe-Hansen, E. (2008). *Negotiating non-linear transitions: The case of marginalized youth*. Norway: Norwegian Social Research (NOVA).
- Batista-Calderbank, T. (2011). *Measuring implementation fidelity in independent living programs (ILP's) for youth leaving care: A systematic review of the literature*. MSc dissertation, University of Oxford, United Kingdom.
- Courtney, M. E. (2009). The difficult transition to adulthood for foster youth in the US: Implications for the State as corporate parent. *Social Policy Report*, 23(1), 1-19.
- Courtney, M. E., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chicago, USA: Chapin Hall at the University of Chicago.
- Child Welfare Policy Brief (2015). *Foster care in South Africa: Where to from here*. Johannesburg Child Welfare, South Africa.
- Davis, J., & Daly, D. L. (2005). *Girls and Boys Town long-term residential programme: Training manual*. Nebraska: Girls and Boys Town South Africa/ Father Flanagan's Boys' Home.
- Dixon, J (2008). Young people leaving care: Health well- being and outcomes. *Child and Family Social work*, 13, 207-217.
- Donkoh, C., Underhill, K., & Montgomery, P. (2009). Independent living programmes for improving the outcomes for young people leaving the care system. *Cochrane Database of Systematic Reviews*. John Wiley.

- Foster, E. M., & Gifford, E. J. (2004). Challenges in the transition to adulthood for youth in foster care, juvenile justice and special education. *Network on Transitions to Adulthood: Policy Brief*. Chicago, IL: University of Chicago.
- Garfat, T., & Fulcher, L. (2012). Characteristics of a relational child and youth care approach. In T. Garfat & L. Fulcher (Eds.), *Child and youth care in practice* (pp. 5-24). Cape Town, RSA: Pretext.
- Geenen, S., & Powers, L. E. (2007). "Tomorrow is another problem": The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review*, 29(8), 1085-1101.
- GBTSA. (1999). *Teaching social skills to youth: A curriculum for child-care providers*. Johannesburg, RSA: Girls and Boys Town South Africa.
- Holosko, J.M. (2015). *The empirical base for the implementation of social skills training with maltreated children*. In S. J. Wodarski, J. M. Holosko & D. M. Feit (Eds.), *Evidence-informed assessment and practice in child welfare* (pp. 261- 278). Cham: Springer International Publishing.
- Höjer, I., & Sjöblom, Y. (2009). Young people leaving care in Sweden. *Child and Family Social Work*, 15(1), 118-127.
- Höjer, I., & Sjöblom, Y. (2014). What makes a difference? Turning points for young people in the process of leaving placements in public care. *Social Work & Society*, 12(1), 1-13.
- Leme, V. B. R., Fernandes, L. M., Jovarini, N. V., Achkar, A. M. & Del Prette, Z. A. P. (2016). Social skills program for adolescents in vulnerable social contexts. *Psico-USF*, 21(3), 595-608.

- Lemon, K., Hines, A. M., & Merdinger, J. (2005). From foster care to young adulthood: The role of independent living programs in supporting successful transitions. *Children and Youth Services Review*, 27(3), 251-270.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Mamelani. (2015). *Transitional support programmes for the child and youth care sector*. Cape Town, RSA: Mamelani Projects.
- Marshall, C. & Rossman, G. B. (2011). *Designing qualitative research* (5th ed.). Thousand Oaks, CA: Sage Publications.
- Mendes, P., Johnson, G., & Moslehuddin, B. (2011). Effectively preparing young people to transition from out-of-home care: An examination of three recent Australian studies. *Family Matters*, 89, 61-70.
- Melkman, E., Refaeli, T., Bibi, B., & Benbenishty, R. (2015). Readiness for independent living among youth on the verge of leaving juvenile correctional facilities. *International Journal of Offender Therapy and Comparative Criminology*, 60(10), 1209-1225.
- Meyer, I. J. (2008). *The experience of late adolescent carers leavers: A phenomenological study*. MA dissertation, University of Johannesburg, RSA.
- Mmusi, F. I. (2013). Description and assessment of care leavers' application of social skills into independent living. MA dissertation, University of Johannesburg, RSA.
- Oelofsen, M. (2015). *Young adults' experiences of their transition from residential care to independent living*. Doctoral thesis, North-West University, Potchefstroom, RSA.
- Pecora, P. J., Williams, J., Kessler, R. C., Downs, C., O'Brien, K., Hiripi, E., & Morello, S. (2003). *Assessing the effects of foster care: Early results from the Casey National Alumni Study*. Seattle, WA: Casey Family Programs.

- Pettit, G. S., Erath, S. A., Lansford, J. E., Dodge, K. A., & Bates, J. E. (2011). Dimensions of social capital and life adjustment in the transition to early adulthood. *International Journal of Behavioral Development*, 35(6), 482-489.
- Pinkerton, J. & Rooney, C. (2014). Care Leavers' Experiences of transition and turning points: Findings from biographical narrative study. *Social Work & Society*, 12(1), 1-12.
- Propp, J., Ortega, D., & NewHeart, F. (2003). Independence or interdependence: Rethinking the transition from ward of the court to adulthood. *Families in Society*, 84(2), 259-266.
- Refaeli, T., Benbenishty, R., & Eliel-Gev, M. (2013). Youth aging out of residential care in Israel: Readiness for independent living and need for help. *Children and Youth Services Review*, 35(9), 1601-1607.
- Riessman, C.K. (2008). *Narrative methods of human sciences*. Thousand Oaks, CA: Sage.
- RSA (2010). *General regulations and norms & standards regarding the Children's Act*, 2005. Pretoria, RSA: Government Printers.
- RSA. (2005). *Children's Act, No 38 of 2005, amended 2007*. Pretoria, South Africa: Government Printers.
- Spencer, R., Collins, M. E., Ward, R., & Smashnaya, S. (2010). Mentoring for young people leaving foster care: Promise and potential pitfalls. *Social Work*, 55(3), 225-234.
- Stagg, R. (2014). The nadir experience: Crisis, transition, and growth. *Journal of Transpersonal Psychology*, 46(1), 72-91.
- Stein, M. (2008). Resilience and young people leaving care. *Child Care in Practice*, 14(4), 35-40.
- Sulimani-Aidan, Y. (2014). Care leaver's challenges in transition to independent living. *Children and Youth Services Review*, 46, 38-46.

- Tweddle, A. (2005). *Youth leaving care: How do they fare?* Toronto: Modernizing Income Security for Working Age Adults (MISWAA) Project.
- Van Breda, A.D. (2015). Journey towards independent living: A grounded theory investigation of leaving care of Girls and Boys Town, South Africa. *Journal of Youth Studies, 18*(3), 322-337.
- Van Breda, A.D., Marx, P., & Kader, K. (2012). *Journey towards independent living: A grounded theory*. Johannesburg, University of Johannesburg and Girls and Boys Town South Africa.
- Yelick, A. (2017). Research review: Independent living programmes: The influence on youth ageing out of care (YAO). *Child & Family Social Work, 22*(1), 515–526.